The Special Attention of Physicians is Respectfully Invite	ed to the Remarks below,	and to List of Diseases o	n back of this Cerunous
Gealth Departn	rent, City	of Baltin	tore.
Permit No. 99782 - Office of Re	gistrar of Vito	al Statistics.	Ward 6
The Physician who attended any person in a last iffer to the Undertaker or other person superintending the burnequested so to do, under penalty of law.  No Permit for Burial can in the person of the	BE OBTAINED WITHOUT	A PROPER CERTIFICATE	
CERTIFICA	TE OF	DEATH	I
Date of Death, May	13.188		
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents,	The you	horson	~ /
Sex, Male or Female, { Cross out the word not }	P		
Age, 38 Years,	1	Months,	Days.
Color,	Colore	ac. V	
Married, Single, Widow or Widower, {Cross requi	out the words not }		
Occupation,	tich	Deale	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	hestert	owne,	Hed.
Duration of Residence in the City of Bo	ltimore, M	ruly yes	ros
Place of Death, {Give Street and } /70 2	of the sell	Marie	9
Cause of Death, $\begin{cases} \text{First (Primary)}, \\ \text{Second (Immediate)}, \end{cases}$	As phy	rica (do	uole)
Duration of Last Sickness,  All the above information should be furnished by the Physician	Lane al	ayo	
Place of Burial, Johny Gens	ty !		
Date of Burial, mas 14-1887	9/1/	1 1-	
(Undertaker, momasta-	137.76	Mull	al Attendant.
Place of Business, 46 East AL	Address, 2	000 6.1	Jack ft.

( Undertaker,

Place of Business, 1003 w Bullence Address

The Special Attention of Physicians	is Respectfully Invited to th	e Remarks below, and	to List of Diseases on ba	ck of this Ceruma
The Physician yno attended ar to the Undertaker or other person strequested so to do, under penalty of No PERMIT	ny person in a last itiness, is	rar of Vital a responsible to the president to the four a arned witness a Pr	Statistics. Ventation of this Certificate the death of said of open Certificate.	Vard /8
Date of Death,		may	13" 1887	
Full Name of Deceased, \( \begin{aligned} \begin{aligned} \lambda & \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vrite legibly and spell orrectly. If an Infant not named, give names f parents.  out the word not red in this line.	falter Gr	mere 7	ragier
	Years,	/ Mon	ths,	Days
Color,	, ,	owhite		/
Married, Single, Widow or Occupation,	· Widower, {Cross out the required in th	words not }		
Birth Place, State or country, and long in the United S if of foreign birth.	how)	)	Balto	
Duration of Residence in		re,		
Place of Death, Give Street and Number.		11 Ring	gold Sv	
Cause of Death.		Whoop	use con	gh
Duration of Last Sickness		20 d	ays	
Place of Burial, Wes	Com-3			
Date of Burial, May	15	1.	001	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Medical Attendant.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certain
Health Department With of Baltimore
Permit No. 99784 Office of Registrar of Vital Statistics. Ward  The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner.  No Permit for Burial can be Obtained without a Proper Certificate.
Date of Death, Sy
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Color, Thele
Married, Single, Widow or Widower, {Cross out the words not required in this line.}  Occupation,  Birth Place, {State or country, and how lift of foreign birth.}
Duration of Residence in the City of Baltimore,  Place of Death, {Give Street and } /28. S. Zeres
Cause of Death, { First (Primary), Heads Second (Immediate), Sulmonary longer tion
Ouration of Last Sickness, Me Week All the above information should be furnished by the Physician.
Place of Burial, Lauden Panh Ceny
Undertaker, Soff B Earl Cities to Viron M. D.
Place of Business, 003 10 Butter Address, 697 Reelberry Dr.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is	nespectivity invited to the ne	marks delow, and to 1	use of diseases on paci	I OI THIS CO.
Health 3	Department,	City of	Baltimor	e. 134
Permit No. 99785	fice of Registrar	of Vital Sta	vistics. Wa	ard 15
The Physician who attended any to the Undertaker of other person sup requested so to do, under penalty of lavino Permit F	person in a last illness, is respectively in the burial, within w. FOR BURIAL CAN BE OBTAIN	onsible for the present thenty-four hours after to without a Propi	ation of this Certificate the death of said de	e, accurately filled out ceased, or sooner, i
	TIFICATE		EATH.	0
Date of Death,	May 1272	1887		
$Full \ Name \ of \ Deceased, \left\{ egin{smallmatrix}  ext{Wri} \  ext{corn} \  ext{not} \  ext{of p} \end{array}  ight.$	ite legibly and spell rectly. If an Infant named, give names parents.	eninetta	Jackso	re
Sex, Male or Female, {Cross ou required				
Age,	Years,	6 Months	<b>,</b>	13 Days.
Color,	Col.			
Married, Single, Widow or	Widower, Cross out the word	s not }		1
Birth Place, State or country, and he	ow) Balli	inon 6	ily- V	
Duration of Residence in the	ne city of Battimore,			
Place of Death, {Give Street and Number.}		Vine 6	Fred	
( First (Prima	1	ition		
Duration of Last Sickness,	Thru	week	?	
Place of Burial, Tharf	of Com,			
Date of Burial, And A Undertaker, Warms II	Grang 7	8.8.	Wedical Att	L, M. D.
Place of Business, 2/6	Mullery Ad	dress, 836 71	Balto	en

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases en back of this Cercus
Bealth Department, City of Baltimore.
Permit No. 99786 Office of Registral of Truet Statistics. Ward 9
The Physician who attended any person in a last Phress, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker of other person superintending the barial within requirement for hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Mary 188
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Days.
Color, Others
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Patters
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Cambridge fud.
Date of Burial, May 15/8/ Decre 1 Box N. D.
J Undertaker, Desling al Mitchelle Medical Attendant.
Place of Business, W. Sayelle St Address 3/8 (any

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks b	below, and to List of Diseases on back of this Certificate.
Bealth Department, Git	ty of Baltimore.
Permit No. 99787 Office of Registrar of	
The Physician who attended any person in a last illness, is responsible to the Undertaker or other person superintending the buries within twenty-for requested so to do, under penalty of law.  To PERMIT FOR BURIAL CAN BE OBTAINED WITH	our hours after the death of said deceased, or sooner, in
	F DEATH.
Date of Death, May	14"87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Vale
Sex, Male or Female, {Cross out the word not }	vake
Age, Years,	Months, Days.
Color,	rile ,
Married, Single, Widow or Widower, {Cross out the words not }	mul
Occupation,	u. u.
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Ballo City
Duration of Residence in the City of Baltimore,	dife
Place of Death, {Give Street and }	1162 dow Sh.
Cause of Death, $\begin{cases} \text{First (Primary),} \\ \text{Second (Immediate),} \end{cases}$	Sparing
Duration of Last Sickness,  All the above information should be furnished by the Physician.	luce berth
Place of Burial, Coly Kedeemen	
Date of Burial, Way (4"87)	must theman M. D.
( Undertaker, Henry 1 teck 3 800	Medical Attendants

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Address,

Place of Business,

The Special Attention of Physicians is Respect	tfully Invited to the Rem	narks below, and to L	ist of Diseases on back of t	his co
Bealth Der	artment,	City of	Baltimore.	15/
Permit No. 9 9 8 0 Office  The Physician who attended any person to the Undertaker or other person superintendent.	of Registrar			curately filled or
requested so to do, under penalty of law. No Permit for Bu	RIAL CAN BE OBTAINED	в WITHOUT A Рворі	ER CERTIFICATE.	1
CERTIF	JCATE!	OF D	EATH.	8
Date of Death,	6 ay 12	188	7	1
Date of Death, Write legible correctly. Name of Deceased, write legible correctly. Not named, of parents.  Sex, Male or Female. required in this	ly and spell may give names	tin g. M	"Donous	1/2
Sex, Male or Famale, Cross out the wo	line.			
Age, Year		Months	3,	Days
Color, Cohe	te)			
Married, Single, Widow or Wido				/
Occupation,	Book	rugar		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Iriland	923	n 1/	
Duration of Residence in the Ci	ity of Baltimore,.		13.	
Place of Death, {Give Street and }	204 1	DITT!	16,	
${\it Cause of Death}, \left\{egin{array}{l} { m First (Primary),} \\ { m Second (Immediate)} \end{array} ight.$	acute (	rume,	•	
Duration of Last Sickness,	y the Physician.	mos.		
Place of Burial, Holy	wis	0		
Date of Daniel May	5-17	///		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 9789 Office of Registrar of Vital Statistics. Ward ————————————————————————————————————
CERTIFICATE, OF DEATH.
ma. 14/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.}  Sex. Male or Female, {Cross out the word not }  Sex. Male or Female, {Cross out the word not }
(required in this time.
Age, Months, Days.
Color, Court
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore.
Place of Death, {Give Street and } 602 &. Broadway
Cause of Death, {First (Primary), Searlt Jewen Second (Immediate),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial Locudan Cark Cumiley
Date of Burial, May 15 1884 N. W. Mausfiel M. D.
(Undertaker, Wenny Mothele . W. V. Wical Attendant. M. D.
Place of Business, 208 S. Broadays adress, 129 So Bradway
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER.]

The Special Attention of Physician	s is Respectfully Invited to the K	emarks below, and to Lis	st of Diseases on back of thi	s Certificate.
Health	Department,	City of ?	Baltimore.	0
Permit No. 99796  The Physician who attended to the Undertaker or other person	Office of Registra	THE RESERVE AND ADDRESS OF THE PARTY OF THE		1.5 ately filled out,
requested so to do, under penalty of	superintending the buriat, within f law.  IT FOR BURIAL CAN BE OF A	2		Z/
CER	TIFICATE	OF DE	EATH.	
Date of Death,	May 101	188,	7	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Andreu	or dange	·
Sex, Male or Female, { Cro				
Age, 69	Years,	Months,	1/	Days.
Color,	ynite-		1/	
Married, Single, Widow	or Widower, {Cross out the wor	rds not }		
Occupation,	0	, Sart	90	
Birth Place, State or country, a long in the United if of foreign birth.	nd how States, States,	en - 5	terman	4-1
Duration of Residence in	n the City of Baltimore	9, 31	years !	0 .
Place of Death, Give Street a Number.	12-1	t- Hospi	led Dreing	Tomb
$\it Cause of Death, egin{cases} { m First (Properties)} \\ { m Second (Properties)} \end{cases}$	(Immediate),	aure Co	mular	na_
Duration of Last Sickne	furnished by the Physician.			
Place of Burial, Wolf	Tedermer Cen	n.		
Date of Burial, May	114 87	Buch M		
(Undertaker, G!	Trance 1	The contract of the contract o	Medical Attendant.	M. D.
Place of Business,	and & holfe Kin	ddress,		4
Extract from Regulations of th	ne Board of Health to secure	a full and correct re	ecord of the Vital Statis	tics in the

Board of Health, City of Baltimore,
The Physicial who attended and person in a last illness is responsible for the presentation of this Certificate, accuratly filled.  The Physician who attended and person in a last illness is responsible for the presentation of this Certificate, accuratly filled.
The Physicial who attended any person in a last illness is responsible to the present the death of said deceased, or to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or ner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
ate of Death, The State of
full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
ex, Male or Female, {eross out the word not }
ge, 50 — Years, Months, Days
olor, While
A. Single, Widower, {Cross out the word not } required in this line.
occupation, I am
Birthplace, {State or country, (and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give street and } 123 Marion and V  Place of Death, {Give street and } 123 Marion and V  Aparently Sepposia
Cause of Death, Second, (Immediate,) Infrared to be serving segment
Duration of last Sickness, That I have the Physician, All the above information about doe furnished by the Physician,
Place of Burian outurn land of the
Date of Burial, Medical Attendant.
5 Undertaker, Neswart Villagoria
Place of Business 2457217 Vark av & Address, 602 VI, 10 mily

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.